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ORIGINAL ARTICLES.

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The Influence of Professional Traditions and Ethics on Medical Men.

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This scene recalls one of twenty years ago in which the speaker and four companions stood upon the stage of Frank's Hall, Fifth and Main streets, to take the oath of Hippocrates and receive the degree of doctor of medicine. Although the speaker was the youngest of the five and greatly embarrassed, he reassured himself with the thought that he knew a great deal, and resolved to make a most courtly and sweeping bow when his diploma was delivered to him. This bow degenerated into a painfully jerky nod and was somewhat disenchanting, nevertheless he was conscious of but two essential defects—his very boyish appearance and the brevity of his coat tails. What could be easier than to look wise, grow whiskers and earn money to buy a coat of proper length? He felt himself more nearly perfect than he has ever done since that time. He listened eagerly to hear himself pronounced a doctor, and formulated a line of conduct in keeping with the title. Soon, however, he found that after all it was a convenient label placed upon him by the state, and alas! too often some unkind libeler hinted that it was a poison label and had a skull and cross bones on it.

He hoped to-day to have had these four fellow-graduates with him to dinner, but in reply to the invitations came the news of the death of Dr. Edwin G. Goforth on February 23, 1893.

The situation of the young graduate is very well described by the soliloquy of that most important personage, the baby: "I am here; and if this is what they call the world I don't think I like it. It's a very flannelly world. It's dreadfully light too, and makes me blink, I tell you. I don't know what to do with my hands. I wonder if I don't look red in the face? The old nurse puts the spoon in the corner of my mouth in a very uneasy way, and keeps testing my milk herself all the while. She spilled snuff in it the other day and when I hollered she trotted me. Never mind, when I am a man I'll pay her off good. I declare I do not know who I belong to; but I'll holler and maybe I'll find out. There comes snuffy with catnip tea. The idea of giving babies catnip tea when they cry for information. I am going to sleep."

Soon, however, he will find that the flannelly conditions of his surroundings will afford more protection than it offers restraint, and that after he has been out in the cold once or twice he will be more careful how he kicks the blankets off. A few trials of his faculties under the glare of publicity will make him more contented to stay in the shade. As he attempts to guide his energies to specific purposes, he will find himself awkward, and will constantly wonder if his embarrassment is not to be seen by those around him. Likewise that after long hunger and much outcry, the pap he gets will be administered without regard to his comfort, and not unfrequently will be a decidedly nauseous compound. He will resolve to get even when he is strong enough. If he asks for an explanation or endeavors to find out to whom he belongs, he will get catnip tea and be asked to go to sleep.

The situation of the graduate after twenty

years is well pictured in a poem in March "Century," entitled "Meridian".

"Hark! like some sudden, wild, mysterious chime,
Striking the startled ear with measured beat
Of deep pulsations, melancholy, sweet,
Life's prologue, that marks an arc of time,
Peals out high noon—a warning voice sublime.
I hear its music, and my weary feet
Pause on a mount where many pathways meet,
That downward slope and few that upward climb.
Look back! There in the valley of delight,
Wherein I've loitered since the day began,
Forgetful of the journey and the night.
Look up! The desert sears the eyes that scan,
And far on above me frowns the height
I should have reached at Life's Meridian."

—CHAS. T. DAZEY.

As he pauses in the mid-day summer heat of his life's journey, it is like the view from the summit of a mountain pass; before him he sees slopes, valleys and winding ways toward the mist-obscured waters, over which or into which he must pass at the end. Now for the first time he will find the light in his face and the shadows behind him growing longer as he approaches the end of his day.

As he turns and looks back he sees in the far distance the great river that marks, so far as he knows, the beginning of his journey. Can it be that the narrow strip along the river represents the childhood of which he remembers so many pleasant things, and to which he so often wishes he could return. Yes, it must be, but now it seems such a little part of his journey.

Those low elevations must be typical of the struggles and trials of school and college days, and recall pleasant valleys, gentle slopes, which were ascended without weariness, peaceful, quiet scenes in which the boy with cat-calls, whistles, stones, cross-guns, bows and arrows, pea-guns, fish-hooks, and an insatiable desire to kill and maim, was the chief discordant element; yet here the young savage grew sturdy limbs and a stout heart, and even the cries of pain and distress produced by his fiendish cruelty pierced his soul and aroused sympathy for weakness and distress. How he longs to return to this part of his life with the experience and refinement of middle age, forgetting that with these he must of necessity take a restless activity, a knowledge well tested of his capabilities, and a well-defined line of action, entirely incongruous with the characteristics of youth; the first babbling brook would transform such a boy into the ugly dwarf, who would fling his long arms into the air and cry lost, lost, lost!

In that second range of hills, he once thought them mountains, which partly obscure the ones from which his thoughts have just been turned by the realization that man could not be a boy again; he sees the trials of his professional education. He remembers this range as less inviting to the view, clothed in the stiff formal foliage of the pines that littered the thin, sandy soil upon which they grew with their dry, brown, unsightly needles, uncongenial to nearly every form of life. Then comes the meagre little valley with a rushing torrent down the center, the examination for the degree of doctor of medicine, where he was sure he would be lost, and after all he waded across with only two or three bad scares.

He can hardly believe that the insignificant eminence that now comes to his view is the second elevation from which he observed the weather and viewed the broad road with easy grades to high ground, from which beaten way he could, if for any reason it was worth his while, easily turn aside at any point and climb to the mountain top above the clouds and from whence he looked forward and saw only a little strip of hilly country between him and the level plain, where he could hasten forward and upward with little effort. But as he turns, a glaring streak in the landscape, which he does not at first recognize, attracts his attention. Yes, it is the slide where the gaily-dressed, merry party beckoned and invited, and at last he consented to toboggan with

the boys. Now he wonders how he could ever have been so short-sighted as not to have seen that the slide went down, down to mud, mire, filth, aye, to very perdition, and even now his face pales as he thinks of the frightful precipices on every side. How fortunate that the guiding hands were unsteady from long dissipation, and failed to make the last curve, beyond which the track was straight and the fall great, and where nothing could have saved short of throwing the toboggan from the slide into mire and filth that would have stained too deep to wash out, or possibly would have swallowed up the man. How fortunate this slip only left him with torn clothes, bruised body and lacerated self-respect; nothing with which he could not seek his gentle old mother and confess his weakness. Her patient fingers mended the rent garments, gently she cared for wounds of folly, with sympathy and love she restored the self-respect.

The toboggan reminiscence leads him to seek the little vale into which the sweet old mother beguiled him to seek, perchance leaf mould for her flowers at home. Best of all, she taught him how good and sweet it is to make others happy by little acts of kindness.

Now for the first time he fully appreciates with what consummate tact and self-sacrifice that good old mother placed in her stead at his side a younger and lither form. He gathered leaf mould, the dog wood and red-bud blossom for mother; sweet williams, blue-bells, wild violets and the magnificent rhododendron blossoms for a sweetheart. He sighs! Before this incident his possessions were few and could easily be stuffed into a student's knapsack, or left behind if a move was to be made; after it, with big trunk, little trunk, band-box, bundle and bird-cage, piano and bric-a-brac wedding presents, he needed a baggage train. He smiles as he wonders what became of all those pickle dishes, spoons and butter knives. They amused the blue-eyed tyrant with golden curls, who in a few short years joined the train with cradle, high chair, go-cart and buggy. He recalls how welcome a sight the level undulating plain was to him at this stage of his journey.

Well he remembers how he stood on the border of this vast plain, hopeful and happy, with wife and baby, and saw seemingly close at hand so many good things that could be easily attained. As the April rain drops glistened in the sunshine he distinctly saw the very spot where the rainbow touched the earth, and his dignity only restrained him from hastening forward to claim the traditional pot of gold. How bitter were the disappointments at this part of his journey. The land-mark, a group of trees that stood out against the horizon, chosen to be the resting place at the end of his first day's journey, was reached at mid-day of the third day, and proved to be hardly worthy to be called trees, and afforded shade only for a part of the beasts of burden, and stood upon a parched soil with no water within an hour's journey.

In the earlier days of this part of his life every jack-rabbit claimed a chase, every bird or animal of prey must be killed or badly frightened by a shot; every flower analyzed, classified and preserved; he daily loaded himself with curious specimens; at night he star-gazed and noted the position of Jupiter's moons; in the morning he noted the temperature from his thermometer, the direction of the wind and the character of the clouds, and predicted the weather for the day. Soon, however, a jack-rabbit would not attract the attention of even the baby, the gun was only used to keep off the coyotes; all flowers seemed very much like weeds; interesting specimens grew scarce; the only heavenly bodies that attracted attention were the sun and moon; the sun by glaring too fiercely in his eyes or shining too warmly on the back. Although the "man in the moon" is a myth, and moon-gazing is lunacy, yet the moon brings in the tide, and therefore he still looked over his left shoulder at the full moon and observed the tip of the horn.

Days of weary toil and nights of anxious watching had not dispelled his petty superstitions. As the middle-aged man thus looks back over his life's journey he finds

the view foreshortened, the rugged ascents are all hidden to his retrospection. He finds that where he had striven hardest to leave the beaten way, his course now seems the most common-placed; where he had thought to keep close in the footsteps of others, he had developed the most originality, been most helpful to others and left the greatest number of landmarks for those who may travel the same road. He can but feel that after all his weary plodding has not been in vain.

The medical man at this age is settled in his relationship to mankind. He has become the associate of the red-faced, tobacco-scented element of society as the corner drug store or the political doctor, or he is still grandma's baby to man grown, whining and complaining of the misdirection of his energies and the want of appreciation of the world; or he has accepted the precepts, traditions and ethics of his profession, for which enthusiasm and love have increased. This leads to the consideration of the influence of these precepts, traditions and ethics of medicine on its followers.

The young man beginning the study of medicine enters a new world. He probably had never heard of Vasalius, Eustachus, Fallopius, Willis, Winslow, Hunter or Bell until he found their names in the nomenclature of human anatomy.

Carlyle in "Sartor Resartus" imagines a royal reception with those present without clothes. Something very like this happens the medical student. The greatest shock is felt when he enters the dissecting room and sees before him the stark naked human body, about which possibly the college Burk attempts some rude jest. Soon work with scalpel and forceps has obliterated his reverence for the dead body and made it only a thing of scientific interest. In the dispensary and hospital he sees the defective, besotted, dissipated and unfortunate scantily clothed in respectability almost as horrifying as the cadaver. Still he clings to the idea that there is a higher class of humanity, physically, mentally and morally better, of which class he thinks he is a part.

Young medical men usually have a good deal to say about the higher and lower classes of society. A few years' work in general practice dispells this delusion. As he looks at his ideals in their night shirts—the athlete dying of consumption, the colonel whimpering and moaning from a pain below his diaphragm from whisky liver; the judge paying for his sins against society, a penalty greater than he ever inflicted upon a criminal; the deacon, suffering from the consequences of the frailty of the flesh; the elegant, refined Mrs. Fashionable in a fit of hysterics from a wrangle with her servant; a fellow-practitioner, imbecilic from a drug habit—he concludes all mankind is much alike. This rapid transition from an ideal to a material view of mankind, from the spiritual man to the flesh, the devil and the world man, drags the sheet anchors of all creeds, and would lead to disaster if it were not replaced by a better and more useful system of philosophy, which teaches that the shortcomings and frailties of mankind, the weakness of body, the defects of mind and the want of moral stability, are to be considered only with a view of relief and sympathy.

This first great ethical law of medicine is highly socialistic; it wipes out personality. Man of low or high degree becomes a patient or a case in the hospital; he is known by his number: number eighty will have milk diet. Best of all, it teaches the medical man that he is only an average unit, and only worthy of the love and respect of his fellows in so far as he can do good to others.

There is an old Latin proverb which says: "Where there are three medical men there are two infidels." This is true in regard to creeds and metaphysical tests of faith, but not so of a belief in God; and do "unto others as you would have others do unto you". This leveling doctrine that finds no person physically, mentally or morally perfect, yet finds some seed of good in every one, has always brought the members of the profession into close sympathy with the people, and not infrequently makes medical men prominent in revolutions and social reforms. Four medical men were signers of the Declaration of Independence. Likewise it fosters inde-

pendence of thought and action, both of the individual members and the whole profession. That "Grand old Man," Gladstone, said a few years ago, at the opening of one of the London hospitals, "that one of the things that he admired most of the many praise-worthy characteristics of the profession was its independence; that during his long public service he had hardly known it to ask assistance from the public treasury." This is as true of the profession in this country as in England. Of the one hundred and forty odd medical colleges in this country and Canada scarcely ten receive assistance from the public funds; only a few have endowments. Most of these secured such funds from someone out of gratitude to some member of the faculty. This is true in Kansas City, although this college has been in existence twenty-four years, and the University Medical College thirteen years, and although these colleges bring into the city over two hundred students every year, and although ten per cent. of the physicians of the two cities in Missouri and Kansas are graduates of these two colleges, the public has only been asked to listen to the annual talks and glorifications.

This independence of thought and action is fostered in every part of the medical education. The student finds that his preceptor does not mete out tasks for him; he can read twenty pages a day or one, just as he choses; when he matriculates in a college and asks for rules and regulations, he is told there are none, that every student is supposed to have arrived at the age of discretion, and to have come there for business. He is still more forcibly impressed that he stands on his own merits, when in a review by an instructor, called in medical parlance a quiz, he is asked a question, and pretentiously attempts to cover up his ignorance, is quickly picked up and hears half a hundred fellow-students laugh at him.

The practitioner finds that he must be deliberate and calm; while all are excited, he must think, while others are carried away by their emotions; that he must act on his judgment, even if he has not the support of the sympathy of those who look on; if the results are good, he is praised; if disastrous, he is damned. The result of considering mankind as traveling on a common level; of testing every thought and person by the plumb line, held perpendicular to the common level by the desire to do good to a fellow being, is to accept truth, whether it stand the ordinary tests or not; although neither oblong or square, it may be the key-stone; although a mere fragment, it may become a part of the concrete foundation and in time become solid rock.

These ethical rules set hard tasks. The medical profession expects every man to do his duty under any circumstances; the medical man who seeks safety for himself by flight from infection has certainly lost his place in the ranks of the profession; the medical journals echoed the condemnation of the surgeon who was said to have stood by, at Homestead, to see when the militia man, tied up by the thumbs, had suffered to the limitation of tolerance. Kennan, in his trip through Siberia, everywhere found the medical officers doing their best with the means at hand to care for the sick, and found them speaking out boldly and fearlessly in regard to the sufferings and wrongs of the prisoners.

This feeling of obligation to save life and to prevent pain and distress without thought of personal comfort, without fear of condemnation, without hope of reward, takes the physician out in the storm and flood at all hours; leads him into emergencies requiring intense thought and rapid decision, the most trying to the mind, and constantly makes it necessary for him to guide his actions by his own standard of right and wrong. These lines which were at first faintly traced by precept have become professional traditions and to-day stand out as the bold lines of ethical laws to guide the medical man's life course. The base line, beneficence, drawn through the level of humanity upon which stands the perpendicular, erected by independent thought as a standard of truth. The point from which it starts is the commencement day; the point to which it ends is the end of life; the perpendicular is erected from this last point. The hypothenuse of the right-angle triangle, duty, starts from

the first point and reaches the highest point of the standard of truth and right. The world estimates a man's value by the square of the base line, the man himself and his profession by the square of the hypothenuse, and God alone knows the height of the perpendicular, which will determine the full value of the line of duty.

Certain it is the man who does not direct the course of his duty toward a high standard of truth, justice and right, need not expect much left to his credit after the value set upon his life by the world is subtracted from his own estimate of its worth. Straight lines are possible in pure reason, but there are none in nature. Geometrical truths hold good for figures of any size; a life lived by these lines leaves in the world guiding principles as true as those of geometry, whether the opportunities are great or small.

Such a life is that of the one whose place in the faculty is vacant to-night. Dying, he left behind him to his pupils and associates precepts and counsels that will help them in their life's journey and make them good physicians.

The highest type of such a life is that of The Good Physician.

COUCHING is never done any more. It consists in depressing the lens in the vitreous chamber. When thus displaced, it is a foreign body, and in from one to two years destruction of the eye followed.

THE expression of the trachoma follicles has materially shortened the treatment of this disease. They can be squeezed out with the finger nails or the trachoma forceps. Knapp's forceps are my preference.

WHEN the Australian Bilbo (doctor) diagnoses that his patient is incurable his friends put him (the patient) out of the way. There can be no damage suits or detection of a faulty diagnosis brought against Mr. "Bilbo."

SOCIETY PROCEEDINGS.

The Topeka Academy of Medicine and Surgery.

At the meeting Monday evening, May 7, there were presented papers as follows:

"Anatomy of the Intestinal Canal," by H. L. Alkire, M.D.

"Diseases of the Intestinal Tract," by H. C. Miner, M.D.

In the discussion of these papers, Dr. Mitchell said: "I think plates and demonstrations would have improved the paper on Anatomy of the Intestinal Tract.

"The idea of the author of second paper, that inflammation is the real cause of diarrhœa, is probably correct, but it seems to me that we have a diarrhœa which seems to be of a nervous character."

Dr. Stewart.—"The true pathology of diarrhœa is inflammation. We have diarrhœa from other causes as nervous shock—irritants of different kinds. As a rule it presents the different phases of inflammation. It passes through the same processes and changes as inflammation in other parts. Diarrhœa in children is very frequently a result of over-feeding. In the treatment, diet is one of the first things. The intestinal tract should be well cleared out. We frequently find a loaded intestine and sometimes fœcal masses. A mild purgative may be used or the bowel washed out with injections of water. Use astringents very seldom. Frequently in children the use of bismuth and feeding on sterilized milk and lime water will answer the purpose. Collapsed and pinched appearance is often due to the drain of water. Water should be given patient to drink and the colon also filled. Dysenteric troubles are best treated by very free irrigation of the colon and high injection of a thick bismuth mucilage."

Dr. P. M. Lewis.—"I would sum up the treatment as follows: Clean out the bowel; give large doses of bismuth; small doses of opium or small doses of morphia hypodermi-

cally; attend to diet; keep nervous system quiet; give fluids."

Dr. Barnes had one case in which calomel and soda and bismuth were used without result. Nestle's food was substituted for mother's milk, and patient improved.

Dr. Rodgers.—"The treatment as given in the paper is not complete enough. Lime water simply corrects acidity and does not diminish the casein. You must modify the composition of your milk in a systematic way. Lime water, bismuth and opium is not the treatment of to-day. We find out the condition of the patient's food, and adjust the proportions of food constituents to suit the age and requirements of the child. If indicated, we can use solid foods, peptonoids, etc. Salol is antiseptic and can be given to a child in two to three-grain doses, and will relieve pain as well as opium."

Dr. Minney.—"Fluid extract hyoscyamus is better than morphia or opium. It has a hypnotic effect and quiets irritation, produces contraction of bloodvessels and prevents serous exudation. Water by the stomach is all right if vomiting is not excessive. A bath will relieve thirst for some time. High injections into the colon are also valuable."

Dr. R. E. McVey.—"In treating diarrhœas of children, inquire as to the food. If cow's milk is used, inquire as to the conditions and surroundings of the cow. It should be a well-conditioned grass-fed cow. I understand this trouble usually originates from a ferment known as tyrotoxicon. It is an irritant deposited in the mucous membrane of the intestine and sets up inflammation. It causes the ordinary mucous diarrhœa. I have no doubt the serous form is of germ origin, and here germicides are indicated and I find them successful. One-twentieth drop of creosote in glycerine and wine is a good remedy. Borax in glycerine is also an efficient remedy."

Dr. McCrea reported a case resulting from irregular diet. Relieved by correcting diet and giving bismuth.

Dr. Gilbert presented some microscopical specimens to the society.

The following resolution was introduced by Dr. Powell and adopted by the society:

"In view of the fact that during the meetings of the Topeka Academy of Medicine for the past winter, undue attention has been given in our discussions to the subject of treatment, to the subordination or exclusion of more vital questions to physicians:

"*Be it resolved*, That in order to stimulate original observations and investigations as well as to incite us to investigate what has already been written by recent authorities, that in the discussion of any subject or paper, relative to the general principles and practice of medicine, which may be brought before the Academy that it is the expressed wish of this society that prominence be given to the etiology, symptomatology, pathology, bacteriology and to physical and differential diagnosis of the subject presented rather than to treatment."

South Kansas Medical Society.

This society met in Hutchinson, Kansas, May 2, 1893.

The first paper on the program was presented by Dr. McCracken on "Dysentery".

"Dysentery is a disease of the hot months. Strumpell claims infection by a pathogenic poison of which we know nothing. The pathological lesion consists of a pronounced croupous inflammation of the colon with exudation of fibrous lymph and exfoliation of epithelium. Whitticar in *Pepper* says it is an ordinary inflammation of mucous membrane. All agree that it begins with some form of gastro-intestinal catarrh. I have rarely found a case of dysentery in which there was diarrhœa or evidence of catarrh, but, on the contrary, constipation.

"There are no definite rules to protect from an epidemic of this disease. Avoid irritating foods and medicines.

"*Treatment.*—Saline laxatives are of the highest importance according to most authorities. There are indications to clean out the intestinal tract. I use this prescription with good effect:

Ipecac .....grs. v to x
Mag. sulph.....℥ j
Opium.....grs. iij to v
Water .....℥ iij to v

"A tablespoonful every hour till bowels move.

"Where there is great rectal tenesmus, starch enemas are very successful. Would use castor-oil in children in place of salines. Irrigation with large amounts is dangerous to patient and to the colon."

Dr. Sheldon.—"We should arrive at the correct etiology before we treat this disease. I believe the consensus of opinion is that it is produced by a pathogenic germ. It has been demonstrated by culture and by examination for it in the disease. Cold, irritations, etc., may act as a predisposing cause. It is also a contagious disease. The discharges, coming in contact, may infect others. There are two indications for treatment: remove the exciting cause, germs, etc., and establish a resistance. The treatment suggested is in this line, in so far as eliminating the causative factor from the intestine is concerned. Another method is by the high injections of antiseptic fluids above the sigmoid flexure. Good results are obtained by treating this upon the same theory we would treat a septic wound. Confine the diet to food which will be taken up before it reaches the lower portion of the alimentary canal, and will produce little effete matter. Milk does not answer this purpose. Beef juices are the best diet."

Dr. Furst.—"The main point in the treatment is to clean the intestine out and use a diet that will keep it so. Castor-oil is good treatment in adults as well as in children."

Dr. Minney.—"In regard to the use of opium, I do not see why the doctor should use opium continuously; it is only needed when there is pain and tenesmus. I have found that it frequently produces unpleasant effects. Extract hyoscyamus acts much better."

Dr. Lawrence.—"Evacuate the bowels with large and frequent doses of saline cathartics. If we check up the bowels with opiates and astringents we have to use salines later. There is a superabundance of blood in the intestines, and we should relieve this congestion by bringing the blood to the surface. Belladonna will do this and will also soothe the nervous system."

Dr. McCracken.—"I do not deny the agency of germs, but there is danger of going too far on the other side. In many cases there has been no time for infection to occur. I believe it is due to a constipated condition, and that relieving the overloaded intestine will relieve the disease. I use opium to relieve pain, and only to a degree necessary to give comfort. If belladonna or hyoscyamus would act as well in practice as they do in theory we would have secured a boon indeed."

ULCER OF LEG.

Dr. Sheldon, as chairman of the committee appointed to examine case of ulcer on leg, reported on same: "There is a history of injury to upper anterior portion of the tibia about twenty years ago with a corn cutter. It continued to break out in repeated ulcerations. Family history of tuberculosis. There is extensive thickening of the periosteum and several nodules which seem ready to break out. It is tubercular in character. It is a fact that tubercular troubles only affect one kind of structure or one set of functional organs at a time. My idea would be to destroy as far as possible the local infection, then improve the general health and try to establish a resistance to further invasion. I want to advance a general principle that it is the constant destruction of granulations that prevent it healing. If you can prevent this destruction by pathogenic germs you will have a healthy regeneration of tissue."

MOVABLE KIDNEY.

Dr. Wetherby, of Hutchinson, presented a paper on "Movable Kidney," and reported some cases coming under his observation.

Dr. Adams reported a case of floating kidney upon which a nephrorraphy was done, the capsule being opened and sewed to the edges of wound. Patient made an uneventful recovery, but was not relieved of the symptoms of which she complained.

Dr. Lindsay.—"Have seen four cases; in

the last two used a bandage and the static current, and they are now comfortable."

Dr. Ward reported two cases, one of which was treated by bandage and support.

Dr. Cordier.—"The question of diagnosis is of most importance. The right kidney is most frequently affected and most difficult to diagnose on account of the organs lying on that side. We also have the possibility of a body in the intestines. I do not believe palpation is sufficient for diagnosis. Our final diagnosis must be made by exclusion. If there are no symptoms of trouble, such as pain, bloody urine, etc., I would not interfere. I should do the extra-peritoneal operation and would prefer the silk-worm gut and closure of the wound."

Dr. Adams.—"I would leave the wound open in order to get better adhesion."

Dr. Cordier thought the silk-worm gut would be more permanent and answer the same purpose as the cicatrix, and the patient would recover more quickly.

Dr. Ward reported on the case of lumbar abscess that there was a sinus which should be thoroughly opened and made to heal from the bottom.

Dr. Axtell gave a history of the case which he said began with chills and fever, and after a while abscess appeared, and was opened, drained and thoroughly healed. Another occurred later, but though opened and drained, has never healed.

Dr. Cordier was inclined to believe this was a result of an impacted calculus which had worked its way through and produced a perinephritic abscess.

FATTY TUMOR.

Dr. Pelton reported on the next case: "A tumor in left inguinal region of ten or twelve years' standing. Tumor connected with femoral ring is not and never has been reducible, does not contain fluid and is not tympanitic, which excludes an intestinal protrusion. The committee decide it to be a fatty tumor. He has a chronic ulcer on the hand and inflamed glands all the way up the arm. The committee advise opening the glands and injecting iodoform emulsion. Irrigation with antiseptic solution and dressing with iodoform."

SUBDURAL CYST.

Dr. McClintock reported on the case of tumor: "A man injured by fall from horse, which also fell on him. Next day a tumor as large as a hen's egg appeared. It varies in consistency. It was fluctuating this morning and we withdrew fluid. I believe it contains spinal fluid. It has a bloody tinge, though thin, of the consistency of water. It does not come from the central canal, as it would then push forward some nerve fibers, and there would be paralytic symptoms, which he does not have. It is a subdural tumor or cyst. I would advise that it be aspirated and allowed to collapse, and a compress put on. Would aspirate all the fluid at once. Would not use iodine or any irritating fluid. It would be safer to cut down and take out the cyst."

Dr. Ward.—"The nicest compress is contractile collodion."

Dr. Adams presented a paper on pelvic diseases, and stated that septic infection of the female pelvis was a basis for ninety per cent. of the cases that come under the notice of the specialist. He claimed that septic infection may extend by continuity and contiguity. Germs are present in fluids, resulting from septic change from any cause whatsoever. He presented some specimens and reported several cases. Claimed that infection in many cases took place through the lymphatic channels.

Dr. Ward.—"The idea of pelvic cellulitis has been thoroughly proven false on the operating table. We do not need to find the tube full of pus to know there has been trouble there, and we find trouble at the fimbriated extremity. The ovary may be diseased and the tube very healthy, but that does not prove it to have resulted from infection by lymphatic channels. I do not believe the doctors are to blame for these troubles. We find cases which cannot be kept clean. Uterine displacements will give you pelvic trouble, tubal trouble, pain and suffering."

Dr. Cordier.—"The weight of evidence of

such men as Price and Tait are against the theory of the doctor's paper. I have not yet seen a case in which the broad ligament was involved without also an involvement of the tube. I would prefer to make an exploratory incision if there was doubt than to use a trochar. The gonnococci have an affinity for columnar epithelium, therefore this pus is not virulent for infecting the peritoneum."

NECROSIS OF FEMUR.

Dr. Cordier reported on this case that an operation for removel of necrosed bone would be advised.

Dr. Lindsay said the man had trouble in the other femur, and his father had a destruction of the soft parts in region of sacrum and a history of using alcoholics. He disclaims any specific disease, but two of the committee think specific treatment is indicated.

Dr. Furst said the disease began a long time ago when he stepped on a nail. It did not reappear till three years ago, since when some dead bone has come out.

MASTOID ABSCESS.

Dr. Klippel.—"History of mastoid trouble three years ago from severe cold. He was operated on at the time, but at a point which seems too far back for the cells. He got better, but came to Kansas for his health. Since then he has had another mastoid trouble and the cells opened. A few days ago came to me for hæmatocele, a result of jumping from a moving train. On the second day the mastoid was swollen and painful, and in a day or two it opened. By probing and packing we succeeded in getting sufficient opening for drainage. With probe I forced an opening through the ear and mastoid cells, and washed out some pieces of tissue. The opening is now so nearly closed that fluid cannot be forced through. Some discharge from middle ear. Patient has had constitutional treatment."

Dr. Minney.—"The trouble was evidently in the middle ear, as the result of stoppage of drainage. The indication is drainage. When we have sufficient drainage, nature will cure. If there is dead bone, remove it. The discharge from the ear is of the character of dead bone and the indication is still drainage. It is not always necessary to cut down. Peroxide breaks up pus and cleans out the pockets. It would probably not affect the broken-down tissue which is discharged. Tincture of iron in the canal gives good results in these cases where there is necrosed bone. It is almost impossible to have middle-ear trouble without involving the mastoid cells. If peroxide or tr. ferri does not keep the cells clean, I should operate."

Dr. Sheldon suggested the use of digestive ferments after cleaning with the peroxide. Had used these agents with good results.

Dr. Wall.—"I do not believe the Wilde incision will result in a cure where there is true mastoid inflammation. Where the trouble is superficial it will usually relieve. When there is great pain, mastoid trouble indicated."

TIC-DOLOUREAUX.

Dr. Lindsay.—"This man gives history of being kicked by a horse two years ago over the malar bone. The wound was left open and healed in about five weeks. There was no pus. There was some numbness below the seat of injury, which was all the symptoms up to last February when he got wet. Then he began to have lancinating pains, beginning above the scar and extendiug down to the lip. There has been an injury to the intraorbital branch of the trigeminus. As far as tic is concerned it is a mild case. He is free from pain a great deal of the time. It is fair to presume that we have had here an endarteritis interfering with the nutrition of the nerve, brought about by the exposure to cold. It is unusual to have tic in so young a person. It would not be proper to operate on this case now. I would use an alterative mercurial treatment first. The latest treatment is cryst, aconitia in 1-200 grain doses to the physiological effect. Static electricity is also very useful, and this with the other treatment may restore. If this should fail, then I should operate."

Dr. McClintock.—"If all the terminal

filaments of the fifth were implicated it would be a more serious operation, but as it is it would be simple. In regard to the case of necrosis of the femur, I wish to say that it is not a local trouble; the whole limb is infected and it would be a serious operation to remove all of that diseased tissue."

CHOREA.

Dr. Brehm.—"This boy is fourteen years old. Mother neurotic. Sister had chorea from rheumatism some years ago, and it has since returned. First saw this case in 1891 when he had choreic manifestations, polyuria, and complained of intercostal pains. Has been taking strychnia for about nine months."

Dr. Pelton.—"There is some hereditary tendency, as is shown in mother and sister. This case developed about the age of puberty. Genital organs are well developed. There are indications of a lack of mental and nervous control. Memory from sight is good. Memory from intellectual action is deficient. This condition is associated with nondevelopment of cells. I would advise moral and intellectual influences and hygienic and tonic treatment."

PYOMETRIA.

Dr. Ward read a report of a case of pyometria. A girl had shown evidences of pelvic trouble and an operation had been advised. The operation was delayed by friends until patient was in a very dangerous condition. Operation was finally permitted, and when the belly was opened a cyst presented, the wall of which was so thin that it ruptured upon the slightest touch, and discharged a quantity of pus. The cyst wall was found to be the wall of the uterus, which had become thin and was simply a pus sac.

CYSTOTOMY.

Dr. Sheldon read a paper and reported a case which he had recently operated upon. He claims that the supra-pubic lithotomy can be made an aseptic operation; it admits of a thorough visual inspection of the bladder. It admits of immediate closure and primary union of bladder. By this operation you may avoid impotence and urinary incontinence. Would not advise the operation in very fat persons or where the bladder was in a very septic condition. Recommended making the urine aseptic by the use of salol. Closed the bladder with fine silk sutures instead of cat-gut.

Dr. McClintock suggested the Trendelenberg position. "There are a number of methods for inspecting the bladder, and many specula have been devised which can be used for this purpose. A tenaculum is hardly necessary here, and it may perforate and leave opening which will allow the urine to escape into the intercellular spaces. Would object to stitching bladder, except in very favorable cases. The operation is not entirely free from danger. The mortality is from twelve to fifteen per cent."

Dr. Adams.—"I have sewed up bladder, but left wound in abdomen open. One of the essential parts of the operation is to wash out thoroughly."

Dr. Sheldon.—"Leaving bladder open and attaching to abdominal wall is dangerous. Keep urine aseptic and you can get primary union."

Dr. Cordier presented a very complete paper on the "Surgical Treatment of Appendicitis."

Kansas Medical Society.

One of the most successful and interesting meetings in the history of the State Medical Society was that which convened in Topeka on the evening of May 10th and continued two days and evenings. There were nearly 200 physicians in attendance. The first evening was devoted to the opening exercises.

Dr. F. S. McCabe, D.D., of Topeka, invoked the blessings of the deity upon the members and the meeting.

Hon. Jas. Troutman, of Topeka, then welcomed the visitors to the city in a masterly address.

Dr. Gill, of Eldorado, a veteran in the so-

ciety, responded to the address of welcome. In his remarks he said:

"This society has grown to be an influence for the benefit of man's physical existence. That which the laity can best observe and appreciate in the medical world is the result of cases of surgery. It stands a constant reminder of the success or failure to the credit or discredit of the operator. Lives are now being rescued which a few years ago would have been considered beyond the reach of our art. We are no longer satisfied with a mere theoretical explanation of a fact, but require a chemical or mechanical entity. One after another of these mysterious entities have been discovered and brought out of their hiding places until the causes of diseases now amount to quite a considerable number, when formerly the number could be counted on the fingers. There is now a demand for the final fact, as there is in science for the final truth. Will the day ever come when the physician will administer medicine only when it is needed? Is such a happy day really to be hoped for when the people know enough to distinguish between truth and error, when the profession will be candid enough to give when and what is needed, and what conscience dictates? What has our profession done to render us worthy such a cordial greeting to this beautiful city and this magnificent temple? Free, and bought without money and without price, and, it may be said, against our own annual receipts, in one century the annual mortality in the largest cities in the world was reduced from 42,000 to 21,000 people, and in our own country in fifty years it was reduced from 51,000 to 20,000. Every 1,000 persons live 2,700 years longer than before 1870. Nearly 70 per cent. of this increase of life takes place or is lived in the useful period — that is, between the age of twenty and sixty years. On behalf of the society here assembled, I desire to thank the city for the welcome tendered, and to assure it of the appreciation we feel for it."

On motion of Dr. Guibor, the vice-president, Dr. C. H. Shriner, was made president of the meeting. This was followed by the address of the president, in which he recommended that some action be taken regarding ing the Stormont library, to the end that it may be more useful to the profession throughout the state. He also favored greater precaution for the prevention of disease, especially pointing to the prevention of Asiatic cholera.

Following the president's address, Dr. Wall introduced a resolution recommending the retention of Dr. O'Brien on the State Board of Health.

Quite an ardent debate took place upon the question of omitting the reading of the minutes of the previous meeting. The reading was deferred till the following day.

THURSDAY MORNING.

Roll-call. On motion of Dr. Schenck, it was ordered that the roll be revised and that a committee be appointed to learn the address of absent members, and ascertain who among them are deceased.

Committee consists of Drs. Purdue, Schenck and O'Brien.

Under the head of reports and committees, the board of censors recommended quite a number of candidates for membership, which report was accepted, and the secretary instructed to cast the vote of the society in favor of the candidates.

In accordance with instructions given last year, the judicial council reported certain changes in the constitution and by-laws. They recommend the following officers: President, two vice-presidents, recording secretary, corresponding secretary, treasurer, librarian, judicial council of five and publishing committee of five.

The report was considered by sections. The first recommendation was adopted, which is that a corresponding secretary shall be added, and that the recording secretary shall hold office for three years. The publishing committee is made to consist of the chairman of each section. The recommendation that only those within the state should be placed on program was rejected, and it was decided to place honorary members on program by invitation.

The treasurer's report was read, received

and referred to the auditing committee. By motion it was ordered that those who have been members for five years or more and are over sixty-five years of age have their dues remitted henceforth.

THURSDAY AFTERNOON.

The board of censors recommended a number of names for membership in the society, and the secretary was instructed to cast the ballot of the society for the candidates.

The first paper of the meeting was then read by Dr. B. D. Eastman, of Topeka, upon the subject, "Legal Injustice to the Insane." He said: "The proposition that an insane person is a sick person requires no demonstration to this audience. It is due to the insane that they should have special and competent medical treatment; that the powers of mind and body should be restored to healthy action. Under the laws of Kansas the person charged with insanity is summoned before the probate judge and a jury of the laity passes upon his condition of mind. This oftentimes is not just because it requires a high degree of medical skill to determine whether one be really sane or insane. The jurors in such cases as this ought to be selected from men well versed in the science of medicine."

The society ordered that the paper be referred to a committee of three to prepare an act to submit to the next legislature of the state of Kansas, recommending the enactment of laws as outlined in Dr. Eastman's paper. And further, that the committee endeavor to secure the co-operation of the State Board of Charities.

The next paper was by Dr. Lindsay, of Topeka, upon "Spasm of the muscles of the Neck."

In connection with this paper, Dr. Lindsey reported a case which he had recently operated upon after failing to accomplish anything by the use of electricity. The operation was not a complete success in relieving spasm, and hypnotism was resorted to with, it seems, a favorable result, as the patient is very much improved in condition.

Dr. McCandless.—"I would like to have Dr. Lindsey tell what he means by the expression, 'I would suggest.' I want to ask Dr. Lindsey to describe what he wishes us to understand by 'I suggested that the muscles would relax, etc.'"

Dr. Fryer.—"I am very much interested in this very valuable paper by Dr. Lindsey on the contraction of the muscles of the neck, and want to make just one suggestion and also to ask the doctor a question: Is it not true that it has been found, where the ocular muscles are affected, it is the occasion for this spasmodic condition of the sterno-cleido mastoid and trapezius muscles? It is found through a reflex strain sometimes."

Dr. Lindsey.—"In answer to the first question, I am not an expert in hypnotism by any manner of means; but I have had a number of cases in which I could offer this suggestion. This plan that I have followed has not been that of fascination or that of the more difficult plan of having a great paraphernalia, but I have had the patient sit in the reclining position and have him put his hands beside the body, making firm pressure, and close the eyes tight, and I would make pressure above the orbits. Then I would say to the patient: 'Let your mind go at rest as though you were going to sleep.' Sometimes ask the patient if he don't begin to taste copper in the mouth, and about one in ten will say he does. If you get that much of a start you can generally go on."

Dr. Mitchell.—"I would like to know whether he thinks that pregnancy had anything to do with this peculiar condition, and whether he thinks it was a hysterical form."

Dr. Lindsey.—"The contraction began a good while before the pregnancy. I do not think it had anything to do with it, except that at the beginning of pregnancy it became worse. I think the trouble is in the basilar part of the brain and conducting paths."

PARALYTIC DEMENTIA.

Dr. Pelton read a paper and reported some cases on this subject.

"Result of injury in first case from fall: Paralysis occurring in right arm; co-ordination not weakened; incontinence of urine;

deafness in left ear; had hallucinations and delusions; took no nourishment voluntarily.

"*Prognosis.*—In the last stage there is little hope from treatment, in the second stage we can postpone for a time, in the first stage is where we must meet the demands for interference. It is only by eternal vigilance that we can arrive at any results."

Dr. Eastman.—"The form of the disease described in the foregoing paper is one of the most fatal, so fatal infact that Blenfort states that a recovery has never been known. Later investigators claim that a recovery has been known to take place. The point that I would make is that every practitioner should give this matter the most careful attention which it is possible for him to do."

Dr. Punton.—"General paralysis and paralytic dementia are separate diseases as I understand them. General paralysis is a disease that has a definite pathology. I understand that the pathology of the latter is not confined to the cortex as in general paralysis. It has its origin in the basil ganglia; then there is a difference in the etiology; symptomology is also different. In one case we have paralysis from the start, in the other we have it coming on slowly and insidiously."

The society adopted the minutes of the meeting of 1892 as they appeared in the KANSAS MEDICAL JOURNAL, and they were declared the official minutes for that meeting.

SECTION ON SURGERY.

The chairman of this section, Dr. P. Daugherty, read an address before the section on surgery in which he said: "Two things are absolutely necessary to make a good surgeon: First, he must know anatomy; it is not necessary that he should remember the names of every artery, vein, muscle and nerve in the human body, but he wants to know their relations to each other. To learn this you must dissect until you are as familiar with the parts of the human body as you are with the streets of your own town. Second, you must have practical experience. The oftener you perform a certain operation, other things being equal, the better you can do it. But few men feel at their ease in approaching their first operation. Future operations in the same field they approach with perfect assurance. Few of the sciences have made as great progress in the last twenty years as surgery. The micro-organisms can do little harm so long as you can neutralize their ptomaine." He preferred and used chloroform anæsthesia in his practice.

FRACTURE OF THE LOWER EXTREMITY OF THE HUMERUS.

Paper presented by Dr. Geo. M. Gray. He said: "Few physicians assume to treat a fracture of these parts without some degree of uneasiness or timidity. As to treatment of fracture of the epicondyles, the best plan is to treat by flexion after having been careful to make perfect reduction. Passive motion is not to be employed early to prevent ankylosis lest displacement of the fragments occur. Most authors recommend these cases to be treated with the arm flexed at nearly right angles, others claim that it can be better treated with the arm extended. I believe we can obtain much better results from fractures of the arm and forearm by treating them with the forearm extended. I have used the plaster of Paris bandage almost exclusively for sometime and have had no bad results.

"Fractures of the internal and external condyle are best treated in the extended position. Transverse fractures are best treated with the forearm, midway between flexion and extension. Passive motion is not necessary for a good result. Complete restoration of the joint function may be expected if the divergent angle be maintained between the arm and forearm."

Dr. Gill.—"Some years ago we knew very little about maintaining the divergent angle of the arm; the books did not speak of it even. This is what constitutes the carrying power of the arm. I favor the extended position as the one best calculated to a good restoration of function."

Dr. Halley.—"The most important point in the treatment of fractures of and about the elbow is a proper diagnosis. No fracture is more difficult to diagnose than a

fracture of the elbow joint. The author of the paper has failed to point out the means for making an accurate diagnosis. The treatment to be adopted will depend upon the correctness of the diagnosis. We have three prominences here that are easily felt under almost any condition—the outer and inner condyles, and the tip of the olecranon process. They are almost in line and in perfect relation with each other."

Dr. Lamphear.—"I have come to adopt the rule from which there is no variation, namely, to give the patient chloroform before I make the diagnosis. By so doing I satisfy myself, while the patient is insensible to pain, as to the exact pathological condition present, and while the patient is still unconscious I apply my dressing to the limb in such a position as will be maintained."

Dr. Rodgers.—"Various occupations change the relations of the condyles, also the size of the same. They change to that extent that we may err in our diagnosis."

Dr. Grey.—"As to the points given by Dr. Halley, I think they are good guides, providing we have displacement. It might occur that you would have fracture of the lower extremity of the humerus without marked displacement. I believe the most accurate symptom of fracture of lower extremity of the humerus, involving the articulation, would be abnormal lateral motion."

FRACTURE OF PATELLA—MODERN TREATMENT OF, WITH ILLUSTRATIONS.

By Dr. Felty, of Abilene. He said: "Fractures of the patella may be divided into operative and non-operative. Recent years have added nothing to the non-operative treatment. While it is true that osseous union may take place in non-operative treatment, it is very rare because sufficient immobility cannot be secured. Lister, who published his experience in 1877 in wiring the patella, and who is one of the strongest advocates of this operation, says: 'No man is justified in performing the operation without he can say with a clear conscience that he is not doing an injury to the knee-joint.' Great care must be used in removing all blood clots and fibrous material which might prevent the fragments coming in perfect apposition. My method of operating in these cases and the one which I would recommend to the general practitioner on account of its simplicity and the short time necessary for its performance, is to make a slit in the tendon, above and below the patella, then pass a threaded needle from the slit below and behind the patella, hugging the bone and coming out at the slit above; then pass the needle down beneath the tissues and in front of the patella to the place of starting, being careful to slit the tissues so that the ligature when tied will embrace nothing but the bony fragments. Passive motion may be made early without interfering with the fragments."

Dr. McClintock.—"It seems to me if one does not want to open the knee-joint the use of a hat pin, inserted as described in the paper, winding silk around the points as in hare-lip operation, would give good results."

Dr. Halley.—"I see no reason for resorting to ligature alone, which necessitates almost the leaving of the fragments of the torn periosteum that covers the anterior of the patella. If the surgeon feels himself competent to deal with an open wound, wherein is the objection to opening the joint and evacuating those large blood clots and snipping off those fragments. It is when you have an open wound that you require something that will hold the bones firmly together. I once had a case in which I had a broken patella with no less than six fragments, a large piece above and a smaller one below. Feeling unable to cope with the number of fragments within the joint, and at the same time bring them in apposition, I decided to open the joint. I decided in this case that I would take the larger fragments and perforate them with a drill after washing it out and put in an ivory spike. I washed the joint out, removed all the blood and snipped off fragments; then drilled through the principle pieces, making the drill come out below. I could not get anything else in. I left the drill in and put a figure-of-eight bandage over it."

Dr. Bauer.—"Would you consider an ordinary case of hemato-arthrosis sufficient cause for opening the joint and removing the blood clot?"

Dr. Halley.—"No, not necessarily."

Dr. Reynolds.—"I don't understand how the drill could be used when there are so many fragments."

Dr. Halley.—"I took the two larger fragments."

Dr. Lewis.—"The authorities speak of rubbing the bones together to remove the material between the fragments. By the use of the hand you can remove the portion between the ends of the bones."

Dr. Green.—"I see no reason why we cannot enter the knee as well as anywhere else. I think the passing of drill through the patella is an important feature. Keep it beneath the cartilage."

Nominating committee reported as follows: President, Dr. G. W. Hogeboom; first vice-president, Dr. E. B. Peters; second vice-president, Dr. Geo. M. Grey; recording secretary, Dr. G. C. Purdue; corresponding secretary, Dr. W. R. Priest; treasurer, Dr. L. Reynolds. Place of next meeting, Atchison. Judicial council—five year term, Dr. H. Z. Gill; unexpired term, Dr. L. H. Munn. Report was adopted.

INJURIES TO BONES OF SKULL—SOME SYMPTOMS.

Paper presented by Dr. Geo. Halley, in which he said: "The questions presenting themselves in injuries to the skull are: First, what is the cause of this unconsciousness? Is it concussion or is it collapse, or is it compression of the brain? Are the wounds deep or superficial? Do they extend to or through the bone, or are they confined to the scalp? In concussion the patient returns to consciousness more quickly and talks coherently. A very slow pulse indicates concussion rather than compression."

Dr. McCulley.—"I understand that this slow pulse and normal temperature last a long time with unconsciousness. Are we always to wait until we have evidences of compression before we operate? My experience is entirely against trusting to nature in these cases."

[TO BE CONTINUED.]

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TOPEKA, KANSAS. JUNE, 1893.

THE meeting of the Kansas Medical Society at Topeka last month was one of the most successful in the history of the society.

The anticipation of a large attendance was fully realized. A large number of new members were secured and the interest in the papers and discussions was uninterrupted. It was a little disappointing that on the last day the society was compelled to divide up into sections, as it had been arranged to have the section work all done in the general assembly. The time usually allotted to these meetings is hardly long enough for the amount of work arranged for, and we would recommend that a four days' session be arranged for next year.

There was a conspicuous absence of the usual political dickering for office that has characterized some of our previous meetings.

In the first part of the session the society was compelled to listen to some complaints and charges, originating in the petty quarrels and personal spite of some of the

members, but these unpleasant features were soon gotten rid of, however, by referring to the judicial council.

On Friday evening, the last of the session, the members were given a banquet at the Copeland Hotel, which was undoubtedly one of the most pleasant features of the meeting. The royal good fellowship which prevailed so prominently here demonstrated most forcibly the falsity of the popular idea that physicians must be always foes.

The next meeting is to be held at Atchison, and it is to be hoped that a stronger interest in the society can be aroused in that section of the state than has been manifested of late.

Proteids.

This is a general name for the albumens and albuminoid elements of the organism.

The vegetable albumens differ from the animal in containing less nitrogen.

Physiologists tell us that the water and salts are thrown out by a law of diffusion through the malpighian tufts from the bloodvessels into the lumen of the uriniferous tubules, and that albumen and proteid matter are thrown out in the same way.

Dr. Porter claims that the albumen found in the urine in Bright's disease is in a large proportion of the cases a by-product of incomplete oxidation thrown out by the epithelial cells, and that it is not filtered through the capillary bloodvessels. He further states that glucose has never been found as such in the blood, notwithstanding that it is commonly so stated in the works on physiology. The glucose is formed as such by the renal epithelium from the incomplete oxidation of the proteid molecule.

Oxygen is a therapeutic agent of value in pneumonia and cardiac disease. It will reduce the temperature, slow the pulse and respiration in many cases where the ordinary agents fail. It equalizes the circulation by stimulating the sympathetic nervous system.

Enucleation of the Tonsils.

Dr. Pollard, in the *Lancet*, suggests their removal as follows: "The surgeon places the tip of his forefinger between the upper and back part of the tonsil and the posterior pillar of the fauces, tears through the mucous membrane at that spot, and then peels off the tonsil from the wall of the pharynx until it hangs loose in the throat by a short pedicle attached to its lower and anterior part. The pedicle may be either torn through by twisting or snipped across with a pair of scissors."

Dr. Porter, in *International Clinics*, says: "The coal-tar products are contra-indicated in Bright's disease. They interfere with the function of the liver." One-half to one grain of calomel three times a day, just enough to keep the bowels slightly relaxed, is good treatment in addition to the milk diet in this disease. He thinks the elevated temperature accompanying Bright's disease is the result of loading up the system with the specific poison and with the increased effete material, thus preventing the normal excretion of heat. Salicylates decrease the tendency to fermentation in the bowels. Three to five grains of sodium salicylate should be given every two hours. The salicylates have also a tendency to dilate the arterial system and flush the surface of the body, and increase the heat radiation, thereby reducing the temperature and diminishing the processes of oxidation, so that they act as very valuable and natural antipyretics. Ox bile he considers a valuable remedy, superior to salicylic acid in its antipyretic action. Two or three grains of purified inspissated bile should be given three or four times a day to get the best results. In typhoid fever the ox-bile treatment is used with the best of results.

In atheroma of the bloodvessels great care should be taken in giving anæsthetics.

THE incubative period of mumps has been known to be as long as three weeks.

ULCERATION of the tonsil is rare, and many cases so diagnosed are follicular tonsillitis.

DR. OLIVER believes in the nervous origin of menstruation, and locates it in the medulla oblongata.

TO BELIEVE without *credulity* would be as difficult as *to see* without *vision;* that is, it would be radically impossible.

IRIDODESIS—displacing the normal pupil by ligature—is practiced no more. It was a fruitful cause of sympathetic ophthalmia.

ASEXUALISM is being agitated in cases of confirmed criminals. This, we think, is the proper treatment of that class of persons.

SUGGESTIVE therapeutics or hypnotism is of value and should be studied by the physician. Some of our physicians employ it in their practice successfully.

ELEPHANT'S milk is very nourishing. A baby was fed on elephant's milk and gained twenty pounds in one week. The baby that was fed on elephant's milk was an elephant's baby.

THE new inoculation method for the prevention of cholera, as practiced by Dr. Hoffkins, of India, seems to be successful. Dr. Hoffkins is now in Russia. He has promised to give the world the benefit of his method very soon. We would like to ask whether one attack of cholera gives immunity from a second attack?

EXALGINE, the new remedy for neuralgia, in a twelve-grain dose has produced a toxic effect. The toxic dose has been stated to be three grains for every two pounds of body weight.

ASEPSIS is fast supplanting antisepsis. The germicides, one by one, are dropping out of use. The bichloride of mercury is often inert and many times harmful to the tissues. Boiled water and plenty of it freely used will dilute and cleanse perfectly, and is harmless.

ONE writer says that "all ethics and perhaps a good part of æsthetics and religion depend upon the existence of sexual feeling; that the sexual life leads to the highest virtue, even to the sacrifice of the age, yet in its sexual force lies also the danger that it may degenerate into powerful passions and develop the grossest vices."

TUBERCULOUS ulcers can be healed if the following rules be observed: First, wash the ulcer with castile soap, thoroughly dry it, then apply the following:

℞

Ol. olive (best).....℥ iv

Acid carbolic.....℥ j

M. Sig.: Apply with a feather.

The ulcer should be dressed in this manner twice or thrice daily.

RECTAL catarrh of moderate chronic character can be promptly relieved by irrigating the rectum with a solution of carbolic acid in the proportion of one-half drachm of carbolic acid to one pint of warm water, this to be repeated morning and evening, being retained about ten minutes each time. Within a few days decided improvement is noticed, and cures have been reported where the disease was of many months' duration. One case, reported by Dr. Strizovere, of seventeen months' standing, was cured by this method in three months. Try it.

The American Disease.

Dr. Beard so named it some twenty-five years ago. It is civilization run mad. It is this everlasting rush in business and professional life, and irregular mode of life. It is work, worry and the fight for glory, wisdom and wealth, which continually agitates the brain of the American. The ambitious man in our country cannot well help it. It is encouraged by our form of government. There is practically no class barrier like in most other nations of earth. The prize is to him who will and does. Perseverence will bring its reward. Merit is recognized and spans the chasm between the poor and the rich, the cabin and the cabinet. With all this study and worry and striving and grasping for wealth and place, and the sharp competition in the race, there is but little time devoted to recreation or rest of body or mind.

To maintain a normal condition of the human organism, the repair and waste must balance each other. If there is a lack of assimilation from whatever cause, the tissues are starved. If the waste product is not carried off, the tissues become poisoned.

It is the duty of the nervous system, through the nerve cell, to select the proper nourishment from the blood, and to throw off all waste matter. The nervous system is, then, never at perfect rest. The cells are constantly at work.

Every thought, emotion and care of every kind uses up more or less of the nerve substance, converts it into waste product. If this waste is not in excess, it is cared for, eliminated; but if in excess, it remains in the system and poisons it.

Either starvation of the nerve cells or the waste products remaining in the system interferes with the normal function of the cells, and a deviation from health begins. Plenty of food may be taken, but from the constant demand made on the nerve centers, they become exhausted, and there is malassimilation from inability of the nerve cells to take up or appropriate the food furnished. Owing to this exhaustion, the healthy food taken may not be properly prepared or digested, and another danger factor is added to the list.

These persons are usually neither well nor sick. They call upon the physician because they know not what else to do. They are uneasy and restless when not occupied in their business or with their work. They may be troubled with insomnia. They feel peevish, and cannot hold the mind to one thing long at a time. Concentration of thought becomes impossible.

They are cross and quarrelsome, or they may become listless and loose interest in their employment, become forgetful. They are easily confused or they become over sensitive. The appetite may be good, but irregular. Their food at times distresses them. The bowels are more or less irregular. The constipation may be obstinate, or it may alternate with a diarrhœa.

To cut a long story short, they have the American disease, and they must have rest. It is not sufficient to say to these people "quit work." They must be occupied in body and mind. They must get away from their business or monotonous, annoying surroundings. If they can travel, and it affords them pleasure and recreation, let them do so. But many of these persons are not able financially to go to Europe or the mountains, and fortunately they do not have to do so to rest. They have some friends in the country, or *vice versa*, to whom they can go and spend a few months; or they can get in their wagon and travel, camp out, fish, hunt, visit and grow fat; or they can get on the train, take a tent and go to some desirable place and camp out for a season at a trifling cost.

Let them rough it for a season, throw work aside and "physic to the dogs," and the morbid appetite or anorexia will soon become normal, the nervous centers will soon get control and health will be restored.

THE Northeastern Kansas Medical and Protective Association will meet in Wetmore, Kansas, Tuesday, June 13.

Hæmoptysis.

In the prognosis and management of this trouble a great deal depends upon our ability to carefully diagnose the conditions producing the hemorrhage. The results depend very much upon whether we have a bronchorrhagia or a pneumorrhagia to deal with, and a careful differential diagnosis of these two conditions is essential. A pneumorrhagia, which is dependent upon an abscess and an open vessel, is most likely to terminate fatally; on the other hand, a bronchorrhagia, though apparently alarming, may be the means of relieving a condition more serious than the hemorrhage.

In all cases of hemoptysis we should carefully examine the lungs for cavities or consolidation. If we find cavernous respiration or areas of consolidation, we may fairly assume that we have a pneumorrhagia to deal with and may anticipate a recurrence of the hemorrhage. If the cavity is small, coagulation may occur and a temporary cessation of the hemorrhage result. The respiratory movement may soon dislodge the clot and a recurrence of the hemorrhage is to be expected.

Where we find a cavity of long standing with thickened walls, we would be fairly safe in concluding that it had not been the source of the hemorrhage; but where the cavity is one of a progressive character and especially of rapid development a vessel is likely to be eroded and a profuse hemorrhage result. Drugs are of little avail in such cases ebcept as they may assist in the coagulation. If the cavity is small, it is possible that by preventing motion in the lung the coagulation may be retained long enough to secure a closure of the vessel. If adhesions of the pleural surfaces around the cavity can be produced we can to a certain extent secure rest and prevent the possibility of blood being discharged into the pleural sac. Adhesions may be produced by means of sutures or the application of blisters over the seat of abscess.

State Board of Health Report.

We are under obligation to the State Board of Health, through their distinguished secretary, Dr. M. O'Brien, for the eighth annual report of this body.

Considering the authority of the board, we are surprised to see reports from so many counties in the state. The report is well gotten up with an excellent preface, and is commendable.

A great deal of labor, and time, and patience, and perseverance, has been required in getting together the material and formulating it in such an interesting, presentable manner. The board and its secretary deserve the thanks of the people for such an excellent report.

In infantile diarrhœas, where the child screams out with pain and becomes nervous and restless, from a half to a drop of the fluid extract of hyoscyamus, given in water every hour, will often give relief. Should the pupils become dilated or the fauces exceedingly dry, the drug should be withdrawn. It is understood that appropriate treatment should be given in connection with the above, for the hyoscyamus like opium is only palliative and not curative.

Dr. Williams, in the *Medical Tribune*, says: "The past two years I have made a good deal of use of muriate of cocaine in the dosemetric granules, one-sixty-seventh of a grain, in diseases of infants. In very advanced cases of cholera infantum I find that it not only relieves the pains and soreness, but also strengthens the heart against collapse, and prevents the tendency to exhaustive vomiting. Used in connection with asepsin, salol and bismuth; it helps to disinfect and quiet the intestinal excitement."

The indiscriminate use of pepsin is harmful. Just enough should be given to do the work the stomach is unable to do, and no more. This can be learned by trial alone. The dose should be gradually increased until relief is afforded, and then the dose

gradually decreased in a short time and finally withdrawn, when the stomach can do the work alone. Particular attention should be given to the diet in these cases, and that diet alone used which is nourishing and at the same time requires the minimum amount of work to digest and affords the maximum amount of nutrition.

THE habit of telling the patient to go and "get the prescription refilled" is a bad one. There are some exceptions, some cases in which it is justifiable and not dangerous, but in many cases it is dangerous and wrong. It is safer and better practice to rewrite the prescription or instruct the druggist, in writing, to refill the prescription. It has been well said by a writer (*Medical Tribune*): "One written prescription from a doctor will sometimes start a confirmed habit for opiates, and for years such prescription will be used without the knowledge of the prescriber, the patient having to increase the size of the doses to obtain a desired effect. Many daily users of narcotics will falsify about what they are doing, as many other drunkards will do. Diseased nerves will often manifest diseased morals."

Dietetic Treatment of Diseases of the Stomach.

Dr. Emmerich Hertzka treats at length on this subject in the *Wiener Medizinische Presse*, *Medical Record*, March 4, 1893. After speaking of the different ways in which milk is prepared as a food, he calls attention to the practical point that milk may often be sipped or taken in teaspoonful doses by persons who otherwise cannot tolerate it. Where an absence of hydrochloric acid exists, milk will undergo fermentation as well in the stomach as in the intestine, and is therefore contraindicated. Where lactic and butyric fermentation exist, the smallest quantities of milk will not be tolerated. Kumyss and kefyr, which are tolerated in numerous gastric disorders, are contraindicated in gastric ulcer. Again, in intestinal atony, kumyss and kefyr are indicated. In severe forms of flatulence, in diseases preceded by severe diarrhœa, gastric dilatation or atony of the stomach, milk is not well borne. This applies also to progressive forms of carcinoma of the stomach. In mentioning different species of fish as dietetic remedies, the author excludes eels, sturgeon and sardel, although the latter might be used if excessive salting could be avoided. Spicing of food should be avoided and salt should be used for flavor only. In speaking of those cases which cannot be nourished per os, where it is desirable to allow the stomach to rest, or where only a very small quantity of nutriment can be taken into the stomach, the author details the value of enemata. Leube recommends meat pancreas enemata and emulsified white of egg. To promote absorption one gramme of common table salt is added to the yolk of one egg. The latter method is especially desirable in cases of stenosis of the œsophagus, carcinoma of the stomach, many cases of ulcus ventriculi where hemorrhage has occurred, and where it is desired to rest the stomach five to eight days in order to strengthen the whole system. In chronic recurring ulcer of the stomach, where continuous rest in bed is a necessity, and in "irritable stomach" (hyperæsthesia) the following method is useful: Clean the rectum by an enema of half a pint of water, or, better, by injecting half a pint of a salt solution, and then wait some time for the effect of the enema and the consequent evacuations. Ewald's nutrient enema is made as follows: Two or three eggs should be beaten with one tablespoonful of cold water, then add a minute quantity (enough to cover the point of a pen-knife) of flour; mix this with half a cup of a twenty per cent. grape-sugar solution. This latter is boiled and a wineglassful of red wine is added to it. Slowly add the egg solution, but care must be taken that the solution is not too hot, as the albumin will otherwise coagulate. The whole mixture must not be more than about half a pint. The addition of a small quantity of mace may be serviceable. Jaccoud

recommends nutrient enema of 250 grammes of bouillon, 120 grammes of wine, 2 yolks of eggs, and 4 to 20 grammes of dried peptone. Boas, from whom this author copies, recommends 250 grammes of milk, 2 yolks of eggs, 1 teaspoonful of table salt, one tablespoonful of red wine and one tablespoonful of flour. This quantity will be absorbed by the intestine. The introduction of the enema can be best accomplished by a syringe with a long, soft, detachable tube and wide openings. After introducing this quantity the patient should remain very quiet on the back or the side for a few minutes. Boas uses the Hegar funnel with a long, soft intestinal tube. Where the sphincter is weakened, he employs a rubber ball, which he introduces empty when the sphincter is relaxed, and after the enema has been introduced, fills the ball by air or water and leaves it *in situ*, thus securing mechanical closure of the anus; where considerable irritation exists, a few drops of tincture opii can be added. Such enemata can be used one to four times in twenty-four hours. Boas recommends them in severe cases of dilatation of the stomach with fermentation, to be used for from ten to fourteen days. In this the pain, vomiting and gas formation are avoided by giving the stomach rest. Increase in weight is the positive proof of the absorption of this nutritious method. Intense thirst is the only symptom complained of; this may be relieved by small bits of cracked ice, or by giving very small quantities of tea or water. After this treatment has been continued for two weeks in cases of chronic recurring ulcer, it is safe to resume, cautiously, solid food, *e. g.*, meat, white bread, pastries—which, however, must be carefully prepared. Where there is a tendency to flatulence, large quantities of fluids must be prohibited.

The author advises rather a mild and easy assimilable diet in those cases in order to prevent hemorrhage, which may prove fatal. If no hemorrhage occurs, it does not speak against the existence of ulcer, and he prefers subjecting those cases resembling ulcer to a mild diet rather than to overlook one single case of ulcer in which hemorrhage (probably fatal) might settle the diagnosis. The grape-cure treatment might be serviceable in abdominal plethora in anæmic girls, especially in those cases in which the anæmia is associated with habitual constipation, and after severe gallstone colic, especially in women. It is contraindicated when hyperacidity is present.—*College and Clinical Record.*

THE Northeastern Kansas Medical Society and Protective Association will convene in Wetmore, Kansas, Tuesday, June 13, 1893, at 2 P. M., in City Hall.

PROGRAM.

1. Reading of minutes of last meeting.
2. Roll-call.
3. President's address.
4. Election of officers.
5. Atonic Dyspepsia *versus* Gastritis.—Dr. L. P. Paddock, Netawaka.
6. Summer Diseases of Children.—Dr. A. J. Best, Centralia, and Dr. P. R. Moore, Effingham.

Discussion by Dr. S. E. Sheldon, Topeka.

7. Pathology of Cholera.—Dr. S. G. Stewart, Topeka.
8. Treatment of Cholera.—Dr. W. F. Troughton, Seneca.

Discussion by Dr. Maggie L. McCrea, Topeka.

Respectfully,

R. S. MAGEE, M.D., *Secretary.*

S. E. SHELDON, M.D., *President.*

Good Cause for Suicide.

William Harmon, a resident of Titusville, Pa., committed suicide a few days ago from a melancholy conviction that he was his own grandfather. Here is a singular letter that he left: "I married a widow who had a grown-up daughter. My father visited our house very often, fell in love with my step-daughter and married her. So my father became my son-in-law and my step-daughter my mother, because she was my father's

wife. Some time afterwards my wife had a son; he was my father's brother-in-law and my uncle, for he was the brother of my stepmother. My father's wife, *i. e.*, my stepdaughter, had also a son; he was, of course, my brother, and in the meantime my grandchild, for he was the son of my daughter. My wife was my grandmother, because she was my mother's mother. I was my wife's husband and grandchild at the same time. And as the husband of a person's grandmother is his grandfather, I was my own grandfather."—*Montreal Medical Journal.*

SURGERY.

Report of a Case of Complete Extirpation of the Clavicle on Account of a Gun-Shot Wound.

BY D. F. RODGERS, M.D., TOPEKA, KANSAS.

The extreme variety of these cases as gleaned from the literature of the subject, actuates me to report one occurring in my practice several years ago, and which, if I have secured the proper information, was at that time the first successful operation of its kind, and only two other operations have since been reported of a like nature.

Complete extirpation of the clavicle for all causes has been made thirty-five times, with a mortality of twenty per cent. Complete extirpation at the time of my operation had a mortality of 100 per cent., consequently it can be readily imagined that a young practioner undertook it with some feeling of trepidation. The per cent. given by authors of the success of the operation should have but little weight under the present status of surgery, for this per cent. represents all recorded cases from first to last, and do not represent in my judgment the per cent. we would obtain under present surgical treatment. The danger to be encountered from injuries to the important arteries, veins, nerves and pleura beneath the bone are the same as formerly, but danger from sepsis should not be anticipated if proper treatment were observed. At the time the specimen in my possession was removed, the fear of sepsis was my excuse for making total rather than partial excision.

January 6, 1884, I was called to see Wm. McGrew, age thirteen, who had been shot by a companion in play, by the accidental discharge of a shotgun. The range of the shot was from below upward and outward, and entered the flesh at the junction of the clavicle with the sternum, shattering both of these bones. It then passed upward and tore through the integument and muscles, making a ragged wound, filled with parts of the boy's coat and comforter. So far as possible all foreign substances were removed, the wound washed out with carbolic acid and water, and covered with absorbent cotton carbolized. This was before I had known the use of gauze.

This was essentially the treatment until January 19, when I determined on the complete removal of the clavicle, together with such parts of the sternum as were loose.

The clavical was removed by making an incision the whole length of its upper surface, through skin facia and periosteum. The periosteum was dissected from the bone, and the bone raised and severed from its acromial attachment. The operation wound was sutered, then dressed with carbolized cotton, and healed by primary union. For three weeks, parts of the sternum were removed at each dressing, and the lacerated tissues above were a month in healing. Should I now have a case of the same kind, I would undoubtedly only make a partial excision. The result was good. I last saw the boy two years after the injury, and he was carrying a pail of water with the injured arm, and said it gave him no pain. Examination revealed no drooping of that shoulder, and a firm callous occupied the place of the bone.

WALSHAM has recently treated two cases of elongation of the ligamentum patella by transplantation of the tubercle of the tibia, about two inches lower down the shaft.

The wound healed by first intention, and when the patients were last seen the knee joint appeared normal, and the patella could no longer be dislocated laterally, or pushed abnormally upward. Walsham thinks that transplantation of the tubercle of the tibia is to be preferred to excision of a portion of the ligament and a subsequent union of the cut ends by suture. He recently transplanted the posterior tubercle of the os calcis with the tendo-achillis attached for overcoming elongation of the calf muscles in paralytic talipes calcaneus.

DR. ROBERT ABBE, in the New Yord *Medical Record* of May 6, makes some interesting observations and reports some cases in gall-stone obstructions which are of more than passing importance to the general practitioner. He claims that the diagnosis at the onset rests with an associated group of symptoms rather than physical signs, to-wit: Pain and constricted feeling behind the right hypochondrium rather than in the abdomen, nausea, tenderness on pressure, absence of fever and of intestinal distension. There is very rarely jaundice. If the stone is large or there is a collection of them obstructing the duct, inflammation occurs, which may terminate in either ulceration or stenosis. If the latter, the gall bladder is distended. Fluid is found after a while entirely free from bile, either milky or colorless. It may form a large tumor which in time may be absorbed, leaving the stones encysted in an atrophied gall bladder; or, as is usually the case, repeated efforts are made to throw out the foreign bodies and pain without jaundice brings the patient to the surgeon. Absence of bile in the gall bladder proves an obstruction of the cystic duct, but inability to pass a probe through the duct or feel a stone in it is no proof that there is not a small stone there. The anatomy of the cystic duct tortuous and convoluted, and in its interior are stores of overlapping valves. Its distensibility far exceeds the parturient passages. Rokitansky says a stone as large as a hen's egg has traversed the canal and been delivered into the bowel.

The diagnosis of obstruction of the common duct with gall stones from malignancy: The main fact in the absence of tumor is the history of paroxysmal pain antedating the time that would develop cancer. Chronic jaundice without preceding gall-stone colic is most often due to malignancy.

Profound jaundice is in itself not a drawback to operation. Dr. Abbe would recommend cholelithotrity or crushing of the stone in the duct only in emergencies. His opinion of the anastomosis of the gall bladder to the bowel is that it seems to be a retrograde step in surgical work to sacrifice the perfection of work for the sake of a brief and usually unnecessary saving of time.

Removal of Diseased Bone by Decalcification.

Although the process of removing diseased bone by decalcification with acids seems like a reversion to obsolete surgery, there are times and conditions when it is very desirable. For instance, we may have a patient so weak that any more formidable procedure would be fraught with grave danger, or we may have necrosis encroaching so closely on a joint that we fear that with each action of the chisel, gouge or curette we may do irreparable injury to the joint, necessitating either excision or amputation, or leaving the patient with a deforming anchylosis. Again, we may have roughened spicula of bone so near important nerves that their removal by ordinary methods will result in temporary, if not permanent, injury to the nerves, and the consequent disagreeable sensations or deforming appearances.

The above thoughts occurred to us by our having the opportunity to recently observe two cases treated in this manner, and on looking into the matter more fully we find that our co-workers, the dental surgeons, frequently resort to the use of acids for removing necrosed bone about the face. They commence with a thirty-per-cent. solution of aromatic sulphuric acid and gradu-

ally increase to full strength; also frequently use hydrochloric acid.

The difficulties met with in the use of acids for this purpose and the plan adopted to obviate these difficulties are given by Robert T. Morris in the *N. Y. Medical Journal*, March, 1892. He asserts that failures occurred from two causes: First, because the acids did not reach deeply through the mass, especially if infiltrated with caseous or fatty debris; second, cellulitis was apt to develop during the course of treatment. Morris makes an opening through the soft parts by the most direct route to the seat of the dead bone, and if sinuses are present they are all led into one large sinus if possible. The large sinus is kept open with antiseptic gauze, and the wound allowed to remain quiet until granulations have formed. Granulation tissue contains no lymphatics and absorption of septic materials, through it is so slow that we have a good protection against cellulitis. He now injects into the sinus a two or three-per-cent. solution of hydrochloric acid in distilled water. These injections can be made at intervals of two hours if the patient is confined to his bed, or once a day at bed-time if the patient goes about. Decalcification takes place rapidly. At intervals of two days an acidulated pepsin solution is thrown into the sinus (distilled water, ℥ iv; acid hydrochloric, ℥ xvi; Fairchild's pepsin, ℥ ss). This will digest decalcified bone caseous or fatty debris in about two hours, leaving clean dead bone for a repetition of the procedure. The treatment is continued until the sinus closes from the bottom.

If suppuration is free in any cavity it is well to wash out the cavity with peroxide of hydrogen before each injection.

THIN sponges that have been subjected to sepsis in an operation may be again rendered aseptic by soaking for twenty-four hours in bicarbonate of sodium solution and then placed in carbolic acid solution (strength, five per cent.) for one week. But thick sponges cannot be resterilized, and their place should be supplanted by gauze.

A Valve in the Bladder.

Opert states the presence of a valve at the neck of the bladder without being associated with diseases of the prostate and bladder is not uncommon. Mercier assumed that the condition existed only in old people and operated with best results in over 300 cases. Von Dittel believes it is due to spasmodic contraction of the prostatic ring or internal vesical sphincter. Socin says that as a result of hyperplasia of the bladder from stricture of the urethra, or tumors of the bladder transverse muscular fibres are raised up and possibly prove a hindrance to perfect micturition.

Eigenbrodt reports the case of a young man who since boyhood had suffered from difficult urination. Only the smallest soft catheter could be made to enter the bladder. This examination was followed by complete retention. Efforts to relieve were fruitless. The patient died in a few days after a perineal operation, and on post mortem it was revealed that the urethral orifice was covered by a transverse half-moon-shape fold of mucous membrane, the base of which was thicker and contained muscular fibres, probably a part of the sphincter muscle. The prostate was normal.

A TRANSVERSE incision in supra-pubic cystotomy is recommended by R. W. Parker. The advantages claimed are: A freer access to the bladder, the bladder is opened at its least movable point, close behind the pubes; that the chances of primary union were increased; that when drainage was necessary it could be obtained more easily by this than a vertical incision, as the recti muscles tended to close in the latter case, while in the former they tended to open. In the discussion Dr. Backston Brown thought that the transverse incision was well suited to children and healthy bladders, but was liable to cause hernia in old persons. Dr. Parker said he would use the transverse method in all cases of cystotomy, and had recently made it with success in fat men.

THE experiments made during the past eighteen months and the results obtained by the administering of thyroid extract for myxœdema would seem to make it worthy of a more extended use. The manner of using and results have been published in the *British Medical Journal*. Dr. Davies treated four patients with the thyroid extract in powder, one powder being given every day in tepid beef tea. All the patients improved, but lost flesh. The raw gland can also be used, but is not so palatable. Special care should be taken not to give too much, as it will produce toxic symptoms, accompanied with extreme feebleness of the heart. From one-eighth to one-fourth a gland per day being about the proper amount. The preferable way to administer is hypodermically. Fifteen minims of a solution of which ninety minims correspond to one sheep's thyroid, being given daily until a subsidence of symptoms occurred, then a fortnightly injection of twenty minims to maintain the patient in health. In preparing the solution, the gland must be secured, fresh, fat and connective tissue removed, vessels sterilized, the gland cut up fine on a glass dish, then put in a test tube with eighteen minims of pure glycerine, eighteen minims of a five-per-cent. solution of carbolic acid. The mouth of the tube is closed with cotton wool, and the mixture allowed to stand in a cool place for twenty-four hours. The mixture is placed in a cloth previously sterilized and squeezed out. This will keep for a week if kept in a small bottle with glass stopper.

DR. ALEXANDER, in the *Journal of Cutaneous and Genito-Urinary Diseases*, calls attention to the harm done by intravesical injections of large quantities of fluid where there is hyperæmia or congestion of the bladder wall. An injection which causes pain or produces a desire to pass water by distending the bladder increases the inflammation, and this is especially true when the injections are repeated often; hence it may be stated as a general principle that in any of the cystites, where the tension sensibility of the bladder is very acute and the capacity of the bladder greatly diminished, intravesical injections are absolutely contraindicated. The vesical spasm, which sometimes remains after injection, should be regarded as a contraindication. He argues against the use of anæsthetic injections, for the reason that the pain in cystitis is not caused by the contact with the urine, but by an increase in the tension sensibility. At the same time he says the treatment *par excellence* for ammoniacal decomposition is the dilution of the urine and the internal administration of antiseptics. While this is a seeming contradiction, on reflection we are reminded that the bladder is not overdistended generally by fluids taken internally, and that there is not added the reflex causes produced by an instrument in the urethra, still we cannot but think that contact of the urine is a factor in the causation of pain.

GYNECOLOGY.

The Management of the Third Stage of Labor.

BY W. D. PORTER, A.M., M.D., CINCINNATI.

This paper was read before the Obstetrical Society of Cincinnati, and the following is the discussion:

Dr. E. G. Zinke.—"The essayist has covered nearly every important point connected with the management of the third stage of labor, and I fully concur with what he has said.

"One point, I think, was not sufficiently dwelt upon, and that is, when it is found the placenta does not readily follow the delivery of the child, the accoucheur becomes uneasy and begins to make pressure upon the uterus, and traction upon the cord when there is absolutely no indication for such interference. In the absence of hemorrhage, I do not think we are justified in resorting to anything more than gentle friction during

the interval of and moderate pressure over and upon the uterus during the contractions, and to keep the cord merely upon the stretch, so as to extract the placenta from the vagina after its expulsion from the uterus. There are some authors who depreciate any traction upon the cord. I think a moderate degree of traction upon the cord in connection with gentle friction over and pressure upon the fundus are the two chief factors which secure prompt delivery of the placenta. I have never had any difficulty in my own practice. Never saw a case of retained placenta except in cases in the hands of others. As soon as the child has been delivered, we should seek to maintain the contraction existing at the time. It is an easy matter to carry the fingers of one hand over the fundus, and make gentle traction, friction and pressure as already indicated. I have been called, within the last few years, to quite a number of cases of so-called retained placenta. In every instance found the placenta detached, and partly or entirely in the vagina. Gentle traction upon the cord alone was sufficient to deliver the organ in every instance."

Dr. E. W. Mitchell.—"The cardinal rule in the third stage of labor is gentleness. All harsh measures are uncalled for; whether in crowding down the uterus, or pulling the cord, or being in undue haste. That nature is able to take care of it, is true of the majority of cases, for as a rule we find in cases delivered before our arrival, the placenta, as well as the child, in bed, and probably if we wait long enough, we would find this often to be the case. We sometimes find them in the vagina after a long time elapses. After the child has been expelled and the uterus retracts, a certain length of time must lapse before the organ expels what is now a foreign body—the placenta. I believe the doctor is correct in his criticism of the time formerly required by advocates of the Crede method. Certainly fifteen or twenty minutes is not too short. I think Crede has in later years lengthened the time to fifteen minutes. My own practice is gently laying the hand on the abdomen to follow the uterus down upon expulsion of the child, and see that it retracts down promptly, and then have the nurse or patient herself place her hand upon the abdomen to inform me in case the 'ball' disappears. After tying the cord, I place my own hand on the uterus and watch the contractions for a few minutes. I have no impatience whatever in waiting half an hour. When the tractions occur and the placenta separates, as you can usually perceive it doing, then a little pressure will cause the placenta to come down to the vulva, or even outside, and the fingers do not need to be introduced into the vagina. My preference is to hook up with the fingers an edge of the placenta rather than make traction on the cord. Where it is expelled by the natural processes, I think it will usually be found that the placenta presents by the margins, and not the central part where the cord is attached. Certainly this is true at the os uteri when traction has not been made. My own observation has been when it comes to the vulva, unaided by traction, the margin is present and can be easily hooked out without introducing the fingers into the vagina."

Dr. Trush.—"In my obstetrical practice I generally remove the placenta according to the method of Crede, and I do so without waiting any specified length of time, for we may have occult hemorrhage when no blood is visible on inspection. I have seen cases of this character — no visible escape of blood, yet on friction over the fundus and uterine contraction the discharge of a large amount thereof. I am hence in the habit of grasping the fundus and making friction upon the same, as recommended many years ago by the late Prof. Mendenhall. Immediately after the birth of the child, when contraction takes place, I make pressure after the method of Crede. No one, I should suppose, now-a-days would think of making pressure upon the fundus until the organ has been brought to a state of contraction. Pulling upon the cord while the placenta is yet in the uterus is liable to roll it [the placenta] up all around from the center. I have seen this occur spontaneously, and of course with such a button to button-hole presentation of

afterbirth, its discharge from the uterus is then nearly always quite difficult.

"As to the occurrence of genuinely retained placenta, there can be no manner of doubt. I have encountered such instances, but they are rare."

Dr. Edw. Ricketts.—"There is one question arising, viz.: what is the Crede method, and the best way to make use of it? I agree with the essayist that to grasp the fundus of the uterus with both hands is the correct method, but I have many times seen physicians make use of other methods which they called the Crede method. It does not seem to me that if you force the uterus down into the pelvis you are not using the Crede method.

Dr. Wm. H. Taylor.—"I would state that the Crede method was to stand in front and make the pressure backward toward the spinal column and also downward, so that the uterus was pushed against the pubes. He pressed the organ directly backward toward the spinal column, and then made compression in the axis of the pelvis.

"At one time the placenta was delivered immediately. We are not going back to the theory taught twenty-five years ago—that waiting fifteen or twenty minutes or half an hour is the better. If we wait this long the placenta will probably be expelled spontaneously into the vagina. Sometimes it is not. Some time ago I was called to see a case where no attempt had been made to deliver the placenta, and it remained three days, and there was septicæmia."

Dr. E. G. Zinke.—"As to retained placenta and septicæmia, it may be of interest to mention two cases recently reported to the Academy of Medicine of Paris. In one case a placenta had been retained seven months and did not produce sepsis. In the other a physician was called upon to attend a woman, in whom he turned the child, pulled down one leg of the fœtus and cut it off; the next day he pulled down the other leg and severed it; on the third day he pulled down the trunk and decapitated, leaving the head of the child within the cavity. He ordered vaginal injections and dismissed the patient. The woman recovered and went to work in the field. Owing to continuous sanguinous discharge, she consulted another physician three months after her labor. He removed the head, but there was no sign of sepsis."

Dr. Porter, closing the discussion, said: "The difficulty of understanding the Crede method is due to the fact that the author published it in its several stages of development, and those who have read only the earlier writings get a very imperfect conception of it. For instance, in earlier descriptions of the manipulations involved, he says to press with one or both hands. Later, he expressly states that both hands should be used. In his later writings he also advocated gentle friction over the uterus to stimulate contraction.

"With the correct application of Crede's method, inversion of the uterus would be an impossibility. The case referred to by one of the speakers should be credited to a perversion of the method, as pressure was probably used during relaxation of the uterus.

"It is well enough to have the nurse to make gentle friction over the region of the uterus while the physician is busy with the child, but instead of depending on her to notify him of dangerous relaxation, he should frequently reassure himself by placing his own hand on the patient's abdomen.

"I think that gentle traction on the cord, for the purpose of ascertaining whether the placenta is loosened, does no harm in the hands of a skillful obstetrician, but its general adoption would be dangerous. The statement that the fœtal surface of the placenta usually presents is borne out by statistics, so far as they have been collected with reference to that point.

"I do not believe that it is best to adopt any hard and fast rule, and say we should wait fifteen or twenty minutes or a half-hour before attempting to deliver the placenta.

"If the uterus is kept within the grasp of the hands, the placenta can be felt to move, and at the same time the size and shape of the uterus undergo a sudden and decided change. Then is the time to carry a finger into the vagina, secure the edge of the placenta, and terminate the labor."

Appendicitis.

No condition is more grave than peritonitis, the result of appendicitis, and inflammation of the appendix vermiformis is certain to excite local, if not general, peritonitis.

It may safely be said that the human body is subject to no other condition regarding the treatment of which there is more general disagreement. Some members of the profession still cling with persistency to the opium treatment, and relate cases in their practice to prove that *all* do not die when opium is freely administered. Others will teach that opium must be given to control pain, and salines to keep bowels in a soluble condition.

Perhaps we may say, without fear of successful contradiction, that the best method of treatment, so far as concerns medicine, is the persistent and liberal use of salines per orum if possible, and per rectum if necessary. The salines will control the pain quite as readily as opium, and at the same time relieve the engorgement, which is the principal cause of dissolution of the intestines.

We are, therefore, left to choose one of the foregoing plans of treatment, or step aside and call upon the abdominal surgeon to operate.

This brief paragraph is written with the view of urging the readers of the JOURNAL to not delay *at all* when there is no question regarding the diagnosis, but administer the salines freely and operate promptly. Opium should *never* be administered with the view of curing the patient, but may be given to prevent or lessen shock until an operation can be performed.

It seems inexplicable that there is such a dread of surgical interference in appendicitis. Is it not a fact that we say to the patient and friends, "Yes, I will operate or call on Dr. ——— to operate should no improvement take place within twenty-four hours?" The twenty-four hours may never come to our patient, and if, perchance, life is spared, it may be found, upon opening the abdomen, that dissolution has already commenced, and an operation seems futile. No one can understand how insidiously, but rapidly, peritonitis, the result of appendicitis, will spread, unless it has been his misfortune to open an abdomen for this condition.

Only a few weeks since, it was my fate to be called to the bedside of Mr. W., in Chase county, of this state, arriving at 5 o'clock A. M., and found the patient "much better" than when they sent the telegram for me. At least this was the verdict of the friends. Two bright and competent physicians were in attendance, and they had assumed authority and called me without the consent of patient.

The patient had been suffering extremely, and quite large quantities of morphia had been administered to control shock. Salines had also been freely given. For twelve hours, prior to my arrival, no morphia was needed, and the patient seemed quite comfortable; in fact, appeared so much improved they regretted that I had been sent for.

The sudden cessation of pain was not a good symptom, and yet it was pleasing to the friends.

We watched the patient for three hours before concluding to operate. During this time he failed rapidly, especially the last hour. It did not seem possible for the patient to live more than a few hours. Preparations were quickly made, and the abdomen was opened at 11 o'clock, six hours after my arrival. We found general peritonitis with complete agglutination of intestines. The odor was that akin to gangrene. The serous membrane was very dark in color and friable. It was with difficulty that an opening was made into the cæcum. The appendix was glued to the cæcum so tightly that it did not seem wise to separate it. The intestine was so tender that it was torn, although much care was exercised to prevent this accident. The opening into the intestine was repaired and the adhesions broken until irrigation could be thoroughly done. The patient showed signs of considerable shock, and the operation was necessarily brought to a close. Several gallons of warm sterilized water was used in irrigating. A large amount of dark-

colored material was washed out and the abdomen was packed with iodoform gauze, and patient placed in bed.

We informed the family and friends that recovery was next to impossible.

In one hour after the operation the patient said he felt much improved. His pulse, which was 140 before the operation, gradually dropped to 120. Temperature was 103° F. prior to operation, also gradually fell till it was only 101° F. After six hours had elapsed, I felt quite hopeful, and informed the family that it was possible for Mr. H. to live.

I remained with the patient forty-eight hours, and when I left there seemed no doubt that he would recover. At this writing he is well.*

Since this operation was done, two strong men have, to my knowledge and within a short distance from this capital, crossed the river (died of appendicitis). Neither of them submitted to an operation. If the profession could shoulder the responsibility, and say to the patients and friends, An operation will not increase the risk and will most certainly add to the chances for recovery, many patients suffering from appendicitis would be saved who now perish.

DR. M. B. WARD.

*[NOTE.—I was informed by a member of the family that about two weeks after the operation two small particles of solid matter came out through the incision, which they took to be cherry pits.]

NEW REMEDIES.

Piperazin.

Drs. Biesenthal and Schmidt review (from the *Berliner Klinische Wochenschrift* in *Therapeutic Gazette*) the clinical reports on piperazin which have appeared recently. The reports of Vogt, Ebstein, Heubach, Krakauer and Brik, all based on the use of Schering's Piperazin, are all very favorable. Testimony seems to be nearly unanimous that the remedy is harmless, and that it is effective as a solvent of uric acid. Biesenthal and Schmidt report seven cases in which the remedy has been tried. Four of the cases are given in detail. In three of the latter, who were gouty patients and had attacks of gout, marked relief was obtained. The fourth patient had violent attacks of renal colic. On the first day the piperazin was used, an extraordinary quantity of gravel was passed. After the second dose, on the next day, large quantities of gravel were passed several times, and almost immediate relief was experienced. Similar results were obtained in other cases. Biesenthal and Schmidt recommend the remedy very highly. Internally, they say, piperazin is best given in dilute solution in doses of fifteen grains, distributed during the day. Its taste is very slight. As it is not irritating to mucous membranes, a one or two-per-cent. solution may be employed in washing out the bladder in the case of vesical calculi. Hypodermic injections into gouty deposits and local applications to gouty swellings may also be employed.

WANTED.—To sell my place and practice; my eight-room house, good barn and yards, trees, shrubbery, fruits and best lot and location in a live town of five hundred, on good railroad in best county in Kansas; good roads and wealthy farming community. House and barn cost over $2,000. Practice, $4,000 and over. Will sell for $2,500. Object: Am going to a city to take a professorship in a medical college.

Address

KANSAS MEDICAL JOURNAL,
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WE call attention this month to some new advertisements. The advertisement of John Barry & Co. will be found among our new advertisers. In buying thermometers, we are often at a loss to know what make they are. The "Twin Thermometer" shows for itself, and we take pleasure in recommending it.

Hydrogen Peroxide in Catarrh.

Wash out the nose and post nares with a solution of one to seven until all the muco-purulent secretion has been cleared away. Then spray with menthol and albolene or some astringent solution, such as white pinus canadensis, one to fifteen, or Leffert's solution. The results of this treatment are excellent.

What is the Characteristic Value of Europhen?

Since its first appearance in relatively recent therapeutics, Europhen has been widely described as a perfect and complete substitute for iodoform, and as such it has been largely accepted by surgeons.

It has been noted that its odor, though faint, is agreeable, and that it covers five times more surface than iodoform, the latter fact making it especially eligible in hospital practice. Its power, too, of adhering to wounds and forming a protective film over them is dwelt upon by many practitioners who note also the important fact that it is not necessary to renew Europhen dressings so often as those of iodoform. But after all of these quite excellent and satisfactory qualities are named, there remains to be clearly stated the characteristic therapeutic virtues of Europhen or those qualities which make it superior as a topical remedy to its congeners. As stated by late writers, these consist in the very decided and potent action of Europhen in its extraordinary power as cicatrisant in its stimulating influence over morbid lesions and in its marked and continuous determination toward the production of normal conditions of the integument and of membranous and other tissues. These qualities enable Europhen to be of exceptionable service in such obstinate lesions as chronic ulcerations of the leg or of the internal or external genitalia, as well as in the various luetic solutions of continuity. The same good points render it of striking usefulness in many of the dermatoses, so that, as stated by some writers, an obstinate cutaneous condition cannot be said to have received full treatment until Europhen has been tried. Of course the widest applications of Europhen will be to those operations in general and minor surgery which are so varied in their character as to make a special description of them impossible. Concerning the value of Europhen in these conditions, the testimony is very complete and no reports have thus far appeared which would point to any irritative processes or toxic influences as having been determined by its use.

DR. ANGELO FESTORAZZI says: "It affords me great pleasure to be able to say that in giving my experience in the administration of the 'Three Chlorides' I can express myself but in terms of praise. I prescribe it mostly in afflictions of a specific nature where an alterative tonic is called for, in some skin troubles and chlorosis, always with happy results. I always recommend it and hope its use will become more general."

KUMYSGEN is superior in every respect to ordinary Kumyss, being more palatable, more easily digested and much less expensive, and has the advantage of being portable and keeping for any length of time. It is superior to ordinary milk, being always uniform in quality and absolutely free from disease germs and adulterants, and requires but little effort of the digestive functions to prepare it for assimilation.

READ the advertisement of the Six Iodides. You will find it profitable and you will be pleased with the composition.

REMEMBER that the job department of the JOURNAL will furnish you anything you want in the publisher's line.

THE pharmaceutical department was well represented at the last meeting of the State Society.

The Tilden Co. sent several of their finest conversationalists, who discoursed charmingly upon the merits of beef and rye.

Dr. Winn, representing Parke, Davis & Co., must be accorded the praise for the most beautiful and the most interesting attraction. A handsome young lady serving delicious beef tea is always interesting, and especially if it is P. D. & Co.'s beef extract.

John Wyeth was represented by that able and courteous gentleman, Mr. Dickinson, and from the smile of satisfaction on his face it is evident he convinced every physician present that Wyeth's malt was the best to be had.

Mr. Mason introduced morrhual and guaiacol capsules with most assuring confidence.

Swift & Holliday, of Topeka, occupied the southeast room with a very fine display of instruments. For push and energy, and that quality which makes all men popular—a desire to please—Mr. Robinson is renowned. He was frequently complimented upon the elegance of his display and the growth of the establishment.

The Physicians' Supply Co., of Kansas City, occupied the northeast room. The genial Mr. Porter has taken a strong interest in our meetings for several years, and always finds himself well paid for his efforts. Mr. Porter has added a repair and manufacturing department and will be pleased to do everything in this line you wish.

Holkamp, Grady & Moore, of St. Louis, occupied the southwest room. These gentlemen are the successors of A. M. Leslie & Co., a well-known firm who were familiar to most of our members.

The "Honest John" truss was on hand, and Dr. Smith enjoyed the pleasure of explaining its advantages to the 200 physicians in attendance.

The Harvard chair found a place to go through its various movements, and its many interesting features found numerous admirers.

Congestion.

It is wonderful, when one comes to think of it, how many diseases are caused by congestion, and also how many diseases can be cured by relieving or removing the congestion. When there is too much blood in the head, causing what is called cerebral congestion or congestive headache, we have an infallible remedy—one that is always handy, always pure and always of uniform strength. This valuable remedy is known to every physician in America and Great Britain as Peacock's Bromides. If this preparation fails to relieve, one always knows that either the diagnosis is wrong or a substituted preparation has been used; therefore the genuine Peacock's Bromides is an infallible test as to the character of the headache. The same is true in regard to uterine congestion, congestion of the lungs, throat, kidneys, bowels, etc. If, then, so many diseases are caused by congestion, it naturally follows that the cause being one—congestion: the cure is one—to remove the congestion: the remedy is one—Peacock's Bromides, together with whatever collateral treatment that may be indicated.

THE JOURNAL has secured new and commodious quarters in the same building it has occupied, and we will always be pleased to welcome our visiting friends when in the city.

WE call the attention of our readers to the attractive and distinctive Antikamnia advertisement in this number. This firm gladly sends samples free to physicians who will furnish their address.

SEND us fifteen cents for one of the physician's Case Record and Visiting Lists. You will find it the most complete thing you have ever seen.